

**Below is the information to complete the CMS-1500 practice activity correctly.**

Note: Field values are for reference only. Enter field information on the claim form in the required format.

Description	Field Value
Type of Claim	Medicaid
Recipient ID number	90000000A95001
Recipient's name	Joseph A. Miller
Recipient's date of birth	June 13, 1976
Recipient's address	1445 Millers Road Anytown CA 95823
Recipient's telephone number	(916) 555-4567
Other Health Coverage (OHC) Plan	No
Date of Onset	June 04, 2007
Name of referring provider	Ronald Davis, M.D.
Medi-Cal Provider number of referring provider	XXX456321
NPI number of referring provider	4569871231
Hospitalization dates	From September 4, 2007 To September 7, 2007
Outside lab work	No
ICD-9-CM code for primary diagnosis	278.01
TAR Control Number	04009076421
Date(s) of Service	From September 4, 2007 To September 4, 2007
Place of Service code	21 (Inpatient)
Procedure code	43644
Modifier(s)	AG and XX
Charges	\$10,000
Days/units	1
Rendering provider's Medi-Cal number	XXX012345
Rendering provider's NPI number	7894561231
Total charges	\$10,000
Signature of physician or supplier including degrees or credentials	Jane Smith (Dated 11-20-07)
Service facility location information	ABC Facility 123 Field Street Anytown, CA 987653210 (916) 555-5555
NPI number of the service facility	6549873211
Medi-Cal Provider number of the service facility	XXX123456
Billing provider's Information and phone	Bell Harrison 189 Meadow Road Anytown, CA 954279876 (916) 555-4114
Billing provider NPI number	3216549871
Billing provider Medi-Cal Provider number	XXX654321